

# North Carolina EMS Airway Evaluation Form

## 1. Patient Demographic Information

Date: \_\_\_/\_\_\_/\_\_\_ Dispatch Time: \_\_\_:\_\_\_ am/pm

PCR # \_\_\_\_\_

EMS Agency Name: \_\_\_\_\_

Patient Age (yr): \_\_\_\_\_ Patient Sex:  M  F



**The NC EMS Airway Evaluation Form is required to be completed with all Drug Assisted Intubations.**

- It is recommended that this form be completed with all invasive airway procedures.

## 2. Indication for invasive airway management

- Apnea or agonal respirations
- Airway reflex compromised
- Ventilatory effort compromised
- Injury/illness involving airway
- Adequate airway reflexes/effort, potential for compromise
- Other \_\_\_\_\_

## 3. Was endotracheal intubation (ETI) attempted?

Yes  No

## 4. If ETI not attempted, alternate method of airway support

- |   |   |
|---|---|
| <input type="checkbox"/> Bag-Valve-Mask (BVM)           | <input type="checkbox"/> Combitube            |
| <input type="checkbox"/> Needle Jet Ventilation         | <input type="checkbox"/> LMA                  |
| <input type="checkbox"/> Open Cricothyrotomy            | <input type="checkbox"/> Other Cricothyrotomy |
| <input type="checkbox"/> CPAP/BiPAP                     | <input type="checkbox"/> King LT-D            |
| <input type="checkbox"/> Not Applicable (ETI Attempted) | <input type="checkbox"/> Other _____          |

## 5. Glasgow Coma Score (GCS) before intubation

**Eye**     (1) none     (2) pain     (3) verbal     (4) spontaneous

**Verbal**    (1) none     (2) incomprehensible    (3) inappropriate words    (4) disoriented    (5) oriented

**Motor**     (1) no response     (2) extends to pain     (3) flexes to pain     (4) withdraws from pain     (5) localizes pain     (6) obeys commands

## 6. Level of training of each rescuer attempting intubation

Rescuer A	Rescuer B	Rescuer C
<b>State ID:</b>	<b>State ID:</b>	<b>State ID:</b>
<input type="checkbox"/> Paramedic <input type="checkbox"/> EMT-I <input type="checkbox"/> Medic Student <input type="checkbox"/> Nurse <input type="checkbox"/> Phys. Assist <input type="checkbox"/> MD/DO <input type="checkbox"/> Other: _____	<input type="checkbox"/> Paramedic <input type="checkbox"/> EMT-I <input type="checkbox"/> Medic Student <input type="checkbox"/> Nurse <input type="checkbox"/> Phys. Assist <input type="checkbox"/> MD/DO <input type="checkbox"/> Other: _____	<input type="checkbox"/> Paramedic <input type="checkbox"/> EMT-I <input type="checkbox"/> Medic Student <input type="checkbox"/> Nurse <input type="checkbox"/> Phys. Assist <input type="checkbox"/> MD/DO <input type="checkbox"/> Other: _____

## 7. Indicate drugs given to facilitate intubation

- Atropine \_\_\_\_\_ mg
- Diazepam \_\_\_\_\_ mg
- Etomidate \_\_\_\_\_ mg
- Lidocaine \_\_\_\_\_ mg
- Midazolam \_\_\_\_\_ mg
- Morphine \_\_\_\_\_ mg
- Succinylcholine \_\_\_\_\_ mg
- Topical Anesthetic Spray
- Other-Specify \_\_\_\_\_ - \_\_\_\_\_ mg
- Other-Specify \_\_\_\_\_ - \_\_\_\_\_ mg

## 8. Times and Vital Signs

	Time	Heart Rate	Resp. Rate	Blood Pressure	Pulse Oximetry	ECTO <sub>2</sub>
Decision to Perform Airway Procedure	:					
Pre-Airway Procedure Value	:			/		
Lowest Value During Airway Procedure	:			/		
Highest Value During Airway Procedure	:			/		
Successful Airway Obtained	:					
Post-Airway Procedure Value	:			/		
Airway Procedure Abandoned Unsuccessfully	:					

# North Carolina EMS Airway Evaluation Form

## 9. Provide information for each laryngoscopy attempt.

Attempt	ETI Method	Rescuer	Attempt Successful?
1	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Sedation <input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Sedation <input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Sedation <input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Sedation <input type="checkbox"/> RSI	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FOR ORAL ROUTE:**  
Each Insertion of Blade (Laryngoscope) is one "Attempt"

**FOR NASAL ROUTE:**  
Each Pass of Tube Past the Nares is One "Attempt"

## 10. Endotracheal tube confirmation

	Tracheal Placement	Esophageal Placement	Indeterminate	Not Assessed	Tube Not Placed
Auscultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulb/Syringe Aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colorimetric ETCO <sub>2</sub>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital ETCO <sub>2</sub>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waveform ETCO <sub>2</sub>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 11. Who determined the final placement (location) of ET Tube?

- Rescuer performing intubation
- Another rescuer on the same team
- Receiving helicopter/EMS crew
- Receiving hospital team
- Other: \_\_\_\_\_

## 12. Was ETI successful for the overall encounter (on transfer of care to ED or helicopter)?

- Yes  No

## 13. If all intubation attempts FAILED, indicate suspected reasons for failed intubation (Check all that apply)

- Inadequate patient relaxation
- Inability to expose vocal cords
- Difficult patient anatomy
- ETI attempted, but arrived at destination facility before accomplished
- Not Applicable – Successful field ETI
- Other \_\_\_\_\_
- Orofacial Trauma
- Secretions/blood/vomit
- Unable to access patient

## 14. Critical complications encountered during airway management (Check all that apply)

- Failed intubation effort
- Injury or trauma to patient from airway management effort
- Adverse event from facilitating drugs
- Esophageal intubation – delayed detection (after tube secured)
- Esophageal intubation – detected in ED
- Tube dislodged during transport/patient care
- Tube was not in the correct position when assumed care of the patient
- Other: \_\_\_\_\_

## 15. If all intubation attempts FAILED, indicate secondary (rescue) airway technique used (Check all that apply)

- Bag-Valve-Mask (BVM) Ventilation
- Combitube
- Not Applicable – Successful field ETI
- Other \_\_\_\_\_
- Needle/Jet Ventilation
- Open Cricothyroidotomy
- King LT-D

## 16. Did secondary (rescue) airway result in satisfactory ventilation?

- Yes  No  Not Applicable

## 18. Endotracheal tube placement

- 34.  Size (mm) \_\_\_\_\_  Unknown
- 35.  Depth (cm, at lateral corner of mouth) \_\_\_\_\_  Unknown
- 36. Secured with:  Adhesive tape  Umbilical/cloth tape  Tube holder  Other  Unknown
- 37. Placement reassessed after patient movement  Yes  No  Unknown
- 38. Placement reassessed after patient transfer of care  Yes  No  Unknown

## 19. Signature of Receiving Physician/Healthcare Provider (Confirming Destination/Transfer Tube Placement)

## 20. Signature of EMS Medical Director (Confirming Review of Completed Form)

Date and Time: \_\_\_\_\_ : \_\_\_\_\_ am/pm

Date: \_\_\_\_\_